



# Postdoctoral Fellowship in Clinical Neuropsychology Washington DC VA Medical Center

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**Application Due Date:** December 5, 2022

**Fellowship Year Begins:** August 28, 2023

## Accreditation Status

The Postdoctoral Fellowship in Clinical Neuropsychology at the Washington DC VA Medical Center is not currently accredited by the Commission on Accreditation of the American Psychological Association. We have submitted an application for accreditation and have been authorized for a site visit, which is scheduled to occur in October 2022.

## Application and Selection Procedures

The Postdoctoral Fellowship in Clinical Neuropsychology at the DC VAMC begins in September of 2023. This is a two-year full-time program with VA benefits, including 13 days annual leave, 13 days sick leave, health insurance, and 10 Federal holidays. The stipend/salary is \$52,140 for Year One and \$54,958 in the 2022-2023 training year; stipend information will be updated when VA Office of Academic Affiliations announces the annual adjustment. Our program is organized to provide two full years of postdoctoral training; however, advancement to the second year is contingent on successful completion of first year requirements.

**We are recruiting for one Clinical Neuropsychology Postdoctoral Fellowship position in 2023.**

We do not participate in the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN) Resident Matching Program. In past years, we have conducted interviews for applicants who have successfully completed our review of written application materials at the North America Meeting of the International Neuropsychological Society (INS) in February. See the INS website ([www.the-ins.org](http://www.the-ins.org)) for more information on the meeting. In 2021 and 2022, we conducted virtual interviews due to the COVID-19 public health emergency. Format for this year's interviews will likely be virtual again, either prior to or during the INS meeting.

The training program abides by the policies stated in the Association of Psychology Postdoctoral and Internship Centers (APPIC), American Psychological Association (APA), and VA Office of Academic Affiliations (OAA) regulations. Applicants are referred to the APPIC website, [www.appic.org](http://www.appic.org), APA website, [www.apa.org](http://www.apa.org), and OAA website, [www.va.gov/oaa/](http://www.va.gov/oaa/), for a detailed description of these policies.

## **Eligibility**

To be considered for our training program, an applicant must have completed a doctoral degree in Clinical or Counseling Psychology from a program accredited by the American Psychological Association (APA), Canadian Psychological Association (CPA), or the Psychological Science Clinical Accreditation System (PCSAS) and must have completed an APA- or CPA-accredited Psychology Predoctoral Internship. Certification of US citizenship and drug screening are required for all VA trainees. In addition, VA employment requires that males born after December 31, 1959 must have registered for the draft by age 26.

The Postdoctoral Fellowship in Clinical Neuropsychology seeks and values diverse experiences and backgrounds as the building blocks of a rich training environment. Our program emphasizes respect for trainees, patients, and staff members representing all forms of diversity, including (but not limited to) race, ethnicity, religion, gender, sexual orientation, disability, marital status, veteran status, and political affiliation. Fellows are entitled to equal treatment in selection decisions and freedom from harassment or unfair treatment. The program seeks to recruit highly qualified trainees from diverse backgrounds. As such, individuals from diverse backgrounds are strongly encouraged to apply. The VA is an Equal Opportunity Employer and the training program follows institutional guidelines in this regard.

Of note, the Washington DC VAMC postdoctoral fellow is a Health Professions Trainee. Health Professions Trainees (HPTs) are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The Director of Neuropsychology Training will provide the fellow with the necessary information to understand the requirement and the reasons for the requirement in a timely manner.

## **Application Materials**

Our training program utilizes the APPA CAS system for application submission. Please access [APPA CAS](#) (APPIC Psychology Postdoctoral Application), a service of the Association of Psychology Postdoctoral and Internship Centers (APPIC). Complete the basic demographic, education, clinical training information and transcripts required of all applicants for all APPA CAS programs. APPA CAS allows you to request letters of recommendation electronically, which are then uploaded by the letter writer.

**Application materials must be received by December 5, 2022.**

Please contact Lauren Skalina, Ph.D., Director of Neuropsychology Training, via electronic mail (preferably) or by phone (see contact information above) with any questions about the application process.

## Training Setting



The Washington DC VAMC is a 144-bed hospital that provides care to 78,000 Veterans in our catchment area on an outpatient basis. There is a nursing home (the Community Living Center, or CLC) located on-site. In addition, the medical center has seven satellite outpatient clinics (CBOCs) located in northeast Washington, DC (the Community Resource and Referral Center, or CRRC), southeast Washington, DC, Fort Belvoir, VA, Charlotte Hall, MD, Lexington Park, MD, Montgomery County, MD, and Prince George's County, MD.

The DC VAMC is located in the heart of the District of Columbia, approximately 3 miles from the US Capitol, 4 miles from the White House, and in close proximity to a number of other federal agencies. Washington, DC is a vibrant, diverse city with many charming neighborhoods, exciting cultural opportunities (including the Smithsonian museums, which offer free admission!), extensive and excellent dining and nightlife options, a comprehensive public transportation system, and beautiful parks and trails providing access to outdoor recreational activities.

The Postdoctoral Fellowship in Clinical Neuropsychology is one of three postdoctoral fellowship training programs located at the Washington DC VAMC. All training takes place within the Medical Center and its seven surrounding Community Based Outpatient Clinics (CBOCs). The DC VAMC is under the authority of the Veterans Health Administration (VHA). The VHA is the part of the US Department of Veterans Affairs that is responsible for providing health care for Veterans, as well as funding health research and training for health care providers.

The DC VAMC is a comprehensive medical center that treats Veterans who have a wide array of medical and psychiatric illnesses needing treatment in both inpatient and outpatient settings and is considered to be a tertiary care, Complexity Level 1B facility. It provides comprehensive primary and specialty care in medicine, surgery, neurology and psychiatry. DC VAMC is part of the Veterans Integrated Service Network (VISN) #5. VISN 5 includes Washington DC, Baltimore and Perry Point, MD, and Martinsburg, Clarksburg, Beckley, and Huntington, WV. The DC VAMC is the designated Polytrauma Network Site for VISN 5. The DC VAMC is one of the few VA Medical Centers affiliated with four Medical Schools: The George Washington University, Georgetown University, Howard University, and the F. Edward Hebert School of Medicine, Uniformed Services School of the Health Sciences. DC VAMC is a participant of the National Capitol Consortium (a research-based consortium) and has an agreement with Walter Reed National Military Medical Center.

### **Training Model and Program Philosophy**

The Postdoctoral Fellowship in Clinical Neuropsychology at the DC VAMC espouses the scientist-practitioner model consistent with [Houston Conference Guidelines](#) (Hannay, Bieliauskas, Crosson, Hammeke, Hamsher, & Koffler, 1998). Through the use of didactics, seminars, and individual and group supervision, the program trains Fellows to develop an advanced understanding of brain-behavior relationships; to develop advanced skills in neuropsychological evaluation and consultation; and to learn to interpret, adapt, and incorporate new clinical research findings from the literature in order to improve assessment validity and treatment effectiveness. The fellowship program is designed to be the capstone experience of formal training that leads to independent practice in the specialty of clinical neuropsychology.

### **Clinical Overview and Rotations**

Throughout the course of the two-year training program, the Fellow will be provided with opportunities and training to develop a strong foundation of knowledge and skills pertinent to advanced clinical practice in neuropsychology. Through a variety of training-related activities, the fellow will learn fundamentals of neuropsychological assessment, neuroanatomy, and neuropathology. The Fellow will complete a two-year rotation in [Neuropsychology](#) (housed within the Mental Health Service Line), a one-year rotation in [Polytrauma Neuropsychology](#), and a one-year rotation in [Neuropsychological Intervention/Cognitive Rehabilitation](#). Fellows may complete an optional one-year experience in ALS Caregiver Support during their first year and/or a one-year experience in [Geropsychology](#) during their second year. Fellows may participate in additional clinical opportunities as they arise (e.g., multidisciplinary MS Clinic through the MS Center of Excellence-East, multidisciplinary ALS clinic).

- [Neuropsychology](#): The Neuropsychology service is housed within the Mental Health Service Line and provides primarily outpatient neuropsychological evaluations and occasional inpatient consultation. The service accepts referrals from all clinical departments within the DC VAMC, including primary care, geriatrics, neurology, psychiatry, psychology, social work, infectious disease (HIV, HCV), cardiology, nephrology, oncology, and more. Diagnoses seen are diverse and include the full range of psychiatric disorders, mild cognitive impairment, dementia/major neurocognitive disorder, concussion/traumatic brain injury, sleep disorders, multiple sclerosis, movement disorders, and ALS. A flexible battery approach is used based on the referral question and presenting concerns of the Veteran (and family members, if applicable). The fellow will be responsible for all aspects of the neuropsychological assessment process, including chart review, battery selection, clinical interviewing, cognitive test administration, scoring, interpretation, report-writing, and provision of feedback to the Veteran. Faculty includes four full-time neuropsychologists (Drs. Aucone, Mitchell, Skalina, and Strang), two of whom are board certified in clinical neuropsychology. We anticipate this rotation to span the entire two years of training, with the fellow seeing at least 2 outpatient evaluations per week during the first year, and at least 1 evaluation per week during the second year. There will be opportunities for the fellow to provide clinical supervision to neuropsychology interns and externs under a tiered supervision model during this rotation.

Neuropsychology also provides a limited number of consultations to various inpatient services, including general medicine and neurology. Consults are typically placed by the inpatient service or consultation / liaison psychiatry. The most frequent referral questions relate to a Veteran's capacity to live independently and/or to make medical and financial decisions. Consultations are also sought to assist with discharge planning. The Neuropsychology Fellow will be expected to

complete these consultations as they arise over the two years. Faculty includes four full-time neuropsychologists (Drs. Aucone, Mitchell, Skalina, and Strang).

One important initiative within Neuropsychology is the incorporation of comprehensive video telehealth assessments. VISN 5 has several rural facilities that do not have consistent access to neuropsychology services. In an effort to increase access to neuropsychology services for these rural facilities, the Neuropsychology service now offers neuropsychological evaluations (including interview, testing, and feedback) via a secure, internet-based video connection. In addition, Neuropsychology began offering telehealth assessments during the COVID-19 pandemic and will continue to provide this option for virtual care. The Neuropsychology Fellow will complete telehealth assessments during their fellowship.

- *Polytrauma Neuropsychology*: The Washington DC VAMC Polytrauma Network Site (PNS) provides individualized treatment for Veterans with traumatic brain injury (TBI) and comorbid medical and mental health conditions using an interdisciplinary model of care. The PNS outpatient care team is headed by physical medicine and rehabilitation physicians and includes neuropsychology, rehabilitation psychology, social work, nursing, speech-language pathology, occupational therapy, physical therapy, vision rehabilitation, vocational rehabilitation, prosthetics, recreational therapy, driver's rehabilitation, and other related specialties. Training on this interdisciplinary team offers a unique opportunity for the Neuropsychology Fellow to provide coordinated care to Veterans and their families.

The fellow will be supervised by the Polytrauma Neuropsychologist, Dr. Ortiz, with additional optional supervision provided by the Polytrauma Rehabilitation Psychologist, Dr. Levson, and physical medicine and rehabilitation physicians. Required components of the rotation include: neuropsychological and psychological assessment, providing individual psychotherapy, participating in weekly interdisciplinary team meetings, and promoting outreach to rural Polytrauma Veterans (primarily through telehealth video sessions). Other opportunities may be available including: co-facilitating evidence-based cognitive rehabilitation groups (e.g., CogSMART/Brain Boosters, Social Cognition), facilitating didactics at VISN 5 Polytrauma meetings and other meetings, attending Physical Medicine & Rehabilitation interdisciplinary grand rounds, and program development with allied disciplines. This rotation spans the second year of fellowship training, where the fellow spends at least 2 full days per week conducting neuropsychological evaluations (approximately 1 full evaluation per week) and providing individualized treatment for Veterans with TBI and comorbid medical and mental health conditions.

- *Neuropsychological Intervention / Cognitive Rehabilitation*: This rotation is supervised by Dr. Jennifer Strang and is expected to span the first year of the fellowship. The Neuropsychology Fellow has the opportunity to co-facilitate a cognitive rehabilitation group and to provide individual intervention work incorporating cognitive rehabilitation and/or adjustment to neurological illness. The rotation also includes didactics via Project ECHO (described below).

Group cognitive rehabilitation: The cognitive rehabilitation group is an open and interactive group designed to help Veterans decrease common memory and attention complaints that affect daily activities. The group provides psychoeducation on the major factors that impact cognition (e.g., stress, substance abuse, sleep disturbance, chronic pain); provides resources for addressing these factors; and suggests strategies (e.g., external and internal compensatory

strategies) to help improve cognitive concerns and daily functioning. Currently, the group is available to Veterans who have completed a neuropsychological evaluation and been deemed a good candidate for the intervention based on results. There are also groups embedded within the Psychosocial Rehabilitation and Recovery Center (PRRC) and the Blind and Low Vision Rehabilitation Program. Fellows will co-facilitate at least one of these groups with a psychology extern or intern, providing the fellow with additional supervision experience. Additionally, depending on the fellow's interest, there are opportunities to initiate groups in other clinics, such as the Geriatrics Clinic, Neurology, and the Trauma Services Program.

Individual intervention/cognitive rehabilitation: Fellows will also maintain an intervention caseload of 1-2 individual Veterans over the course of the first training year. Similar to the group, individual intervention focuses on addressing factors that impact cognition and introducing compensatory strategies for managing cognitive concerns. The treatment is intended for Veterans who can benefit from a more individualized approach and/or to reinforce skills learned in the group. Intervention may also focus on adjustment to neurological illness, such as Veterans recently diagnosed with mild cognitive impairment, dementia, multiple sclerosis, or cerebrovascular disease.

Didactics/Project ECHO: Project ECHO is a program based at the University of New Mexico that hosts bi-weekly "virtual grand rounds" on a variety of medical conditions with a goal of bringing together clinicians to share knowledge and expertise. The neuropsychology fellow may participate in the Cognitive Rehabilitation TeleECHO, which includes bi-weekly didactics and case presentations.

- *Amyotrophic Lateral Sclerosis (ALS) Individual and Caregiver Support*: Fellows may co-facilitate a monthly ALS support group and/or provide individual support to caregivers of Veterans with ALS. The interventions are intended to support caregivers (and indirectly, the Veterans) in adjusting to the ALS diagnosis and identifying, practicing, and maintaining effective strategies to compensate for physical, cognitive, and/or behavioral changes that can arise in the context of ALS.
- *Geropsychology*: This experience is supervised by Dr. Gerolimos. Fellows will provide individual psychotherapy to older Veterans, including cognitive-behavioral interventions such as relaxation training, pain management, assertiveness training, cognitive restructuring, couples therapy, and behavioral modification. Targets of interventions range from assisting in adjustment to a medical condition and/or loss of independence, to estrangement from family and friends and end-of-life issues. Opportunities to conduct capacity assessments, particularly around healthcare decision-making, managing finances, and independent living, are also available.

### **Supervision and Evaluation**

The Neuropsychology Fellow will receive at least two hours per week of face-to-face individual supervision, as well as group supervision by neuropsychology staff. In addition to individual supervision, fellows will have the opportunity to provide tiered supervision to neuropsychology practicum students and interns.

Fellows will be evaluated using the criteria that require the fellow to meet the minimum level of achievement in all competency areas (i.e., assessment, intervention, ethics and sensitivity to diversity,

consultation and supervision, professional issues, organizational management and administration, advocacy, and scholarly inquiry) on their final evaluation completed at the end of the fourth rating period. This means that the fellow must have 100 percent of items in competency areas rated as a 5 (postdoctoral exit level) or higher at program completion.

The fellow will be evaluated every six (6) months, for a total of four (4) evaluations over two years. If a fellow does not receive a minimal threshold for ratings in any competency area, she/he will receive additional training in these areas, prior to the next rating period competency evaluations. If a fellow receives a 1 (substantial supervision) on a competency item, substantial remediation will be required. If a Fellow receives a 2 (close supervision needed) or a 3 (some supervision needed) on a competency item, that competency will be targeted for additional training during the subsequent rating period.

See Appendix B: Fellow Competency Expectations for further details.

The fellowship training program regularly evaluates its success as a training program. Supervisors meet at least monthly and as needed to discuss the training program in terms of the fellows' current achievements and areas for program improvement. The program uses multiple other sources of data and information that are reviewed to identify areas of improvement. These include the fellow's evaluation of supervisors, the Director of Neuropsychology Training, the overall training program, and the fellow's self-evaluation regarding their development as a psychologist/neuropsychologist.

### **Mentorship**

A Washington DC VAMC staff psychologist, Dr. Stephanie Guedj, who has no formal evaluative role over the neuropsychology fellows, serves as a mentor. She meets regularly with the neuropsychology fellows to provide general professional consultation and mentorship from an objective third party. The mentorship is unstructured and flexible to adapt to the fellows' needs.

### **Research Overview**

Ten to twenty percent (10-20%) of the fellow's time will be devoted to research. Fellows will engage in clinically relevant research and disseminate knowledge and information to the field of neuropsychology through various methods including, but not limited to, poster presentations at local and national conferences, submission of manuscripts to peer reviewed journals, or grant proposals based on their research project. Fellows are encouraged to develop data that may lead to a publication or that they will submit to a scientific meeting during the course of the fellowship. Fellows are given appropriate leave to attend conferences. Fellows may participate in studies at various points in the research process, which may include: formulating a research idea, testing its feasibility for completion within this setting and within the time that is available, writing and submitting the IRB application, working with the R&D committee to obtain approval, initiating data collection, coordinating study activities, analyzing data, writing manuscripts, presenting results at local and national scientific meetings, publishing, and writing grant proposals. Opportunities exist to collaborate with other multi-disciplinary groups, such as the Multiple Sclerosis Center of Excellence-East and the multi-disciplinary ALS Clinic. Past neuropsychology research projects have included the role of cognitive rehabilitation in ameliorating cognitive weaknesses in Veterans diagnosed with MS; the effects of quality of education on neuropsychological test performance; and the relationship between prospective memory, executive functioning, episodic memory, and adaptive functioning.

## **Educational Activities**

### **A. Neuropsychology Distance Learning Seminar**

This training opportunity is a video teleconference seminar with involvement of multiple training sites, including Walter Reed National Military Medical Center, San Antonio Military Medical Center, VA Maryland Healthcare System, National Rehabilitation Hospital, University of Texas Southwestern Medical Center, and the Phoenix VA Healthcare System. It has a 2-year curriculum and covers multiple topics essential to the practice of clinical neuropsychology. This seminar is required for fellows.

### **B. Weekly DC VAMC Neuropsychology Seminar**

This weekly seminar includes faculty and trainee lectures, case conference/group supervision, journal club, and mock fact findings to help prepare fellows for board certification in clinical neuropsychology. This seminar is required for fellows.

### **C. Neuroradiology Rounds**

The Neurology and Radiology Departments hold rounds on a weekly basis for all attendings and trainees/rotators, and many cases are relevant to understanding neuroanatomy and brain-behavior relationships. This educational experience is optional for fellows.

### **D. Cognitive Rehabilitation TeleECHO**

Project ECHO is a program based at the University of New Mexico that hosts weekly “virtual grand rounds” on a variety of medical conditions with a goal of bringing together clinicians to share knowledge and expertise. The first-year neuropsychology fellow is required to participate in the Cognitive Rehabilitation TeleECHO, which includes bi-weekly didactics and case presentations.

### **E. National Rehabilitation Hospital Didactics and Journal Club**

National Rehabilitation Hospital is located across the street from the Washington DC VAMC and has its own formal postdoctoral training program in clinical neuropsychology. NRH faculty has historically welcomed DC VAMC neuropsychology trainees to attend their fellowship’s weekly hour-long didactic seminar and journal club. This educational experience is optional for fellows.

### **F. Brain Cutting Conference**

The Pathology Department holds brain cutting conferences on an occasional basis to demonstrate neuroanatomy and neuropathological phenomena to interested trainees and faculty from all disciplines. This educational experience is optional for fellows.

### **G. Mental Health Grand Rounds**

The Mental Health Service Line holds monthly presentations on topics relevant to providing mental health services within the VA system. This educational experience is optional for fellows.

### **H. Psychology Department Lean In Discussions**

The Psychology Department holds monthly conversations on matters relevant to promoting diversity, equity, and inclusion in psychology. All staff and trainees are invited to attend, and neuropsychology fellows are encouraged to attend..

### **I. Supervision Seminar**



The Psychology Postdoctoral Fellowship Training Program holds a weekly seminar focused on the experience of becoming a supervisor, ethical and multicultural issues, and developmental stages of supervision. Neuropsychology fellows are required to attend this seminar during the first year of the program.

### **Core Neuropsychology Faculty**

**Ernest J. Aucone, PhD, ABPP-CN:** Dr. Aucone is board certified in clinical neuropsychology and serves as the Director of Neuropsychology. He has been at the Washington DC VAMC since 2012. He did his graduate work at Nova Southeastern University, his internship at the Boston VA Healthcare System / Harvard Medical School, and his postdoctoral fellowship in neuropsychology at the University of Virginia. His clinical and research interests include differential diagnosis in dementia, movement disorders, multiple sclerosis, diagnostic decision-making, and demographic and cultural influences on neuropsychological tests.

**Ashlyn Mitchell, PsyD:** Dr. Mitchell is a staff psychologist and serves on the Amyotrophic Lateral Sclerosis (ALS) interdisciplinary teams within our Veterans Integrated Services Network. She also coordinates the Teleneuropsychology Service at the Clarksburg VAMC. She completed her pre-doctoral internship at the Washington DC VAMC in 2019, doctoral degree at The Chicago School of Professional Psychology in 2019, and postdoctoral fellowship in Clinical Neuropsychology at the Washington DC VAMC in 2021. She supervises externs, interns, and fellows in the outpatient service. Her clinical interests include cognitive rehabilitation, caregiver support, and differential diagnosis of dementia and movement disorders.

**Samia Ortiz, PhD:** Dr. Samia Ortiz-Hernández serves as the Polytrauma Neuropsychologist. She is a native from Trujillo Alto, Puerto Rico, completed her neuropsychology fellowship at the Veteran's Affairs Medical Center in Washington, DC (DCVAMC), where she provided both neuropsychological assessment and cognitive rehabilitation services. She received her doctoral degree in clinical psychology from George Washington University in 2018. Dr. Ortiz-Hernández completed a year-long pre-doctoral psychology internship at Baylor Scott & White Medical Center in Temple, Texas. During internship, she conducted both inpatient and outpatient psychological and neuropsychological evaluations and provided behavioral medicine interventions to patients presenting with diverse health-related challenges (e.g., psychosocial challenges among cancer survivors, psychosocial adjustment after brain and other injuries, heart and kidney transplants, bariatric surgery, etc.). Her predoctoral training also included practicum experiences at St. Elizabeth's Hospital (Washington, DC), DCVAMC, and UCLA's Semel Institute for Neuroscience and Human Behavior (Los Angeles, CA). Dr. Ortiz's general areas of clinical and research interest include cognitive health and rehabilitation, behavioral health interventions, language-appropriate neuropsychological evaluations, and movement disorders.

**Lauren Skalina, PhD:** Dr. Skalina is a staff neuropsychologist and the Director of Neuropsychology Training. She earned a PhD in clinical psychology at American University, completed a pre-doctoral internship in the neuropsychology track of the VA Maryland Health Care System/University of Maryland-Baltimore Psychology Internship Consortium, and completed a postdoctoral fellowship in clinical and research neuropsychology at the War Related Illness and Injury Study Center (WRIISC) at the Washington DC VAMC. Her clinical and research interests include differential diagnosis of dementia, neuropsychological functioning in various neurological syndromes (e.g., ALS), evaluation of performance validity, and the impact of health-related behaviors (e.g., sleep, exercise) on cognition.

**Jennifer M. Strang, PhD, ABPP-CN:** Dr. Strang is board certified in clinical neuropsychology. She has been at the Washington DC VAMC since 2014. She completed her graduate work at Arizona State University, her pre-doctoral internship at the Buffalo VAMC/VA Western New York Health Care System, and her postdoctoral fellowship in clinical and rehabilitation neuropsychology at Rehab Without Walls in Phoenix, AZ. She has extensive experience working with Veteran and active duty military populations. Her clinical and research interests include cognitive rehabilitation, traumatic brain injury, neurocognitive aspects of psychiatric disorders, and differential diagnosis in dementia.

### **Affiliated Training Faculty**

**Lindsay Gerolimos, PhD** is a full-time Geropsychologist at the Washington DC Veterans Affairs Medical Center, spending half her time in the CLC working with veterans admitted for palliative and hospice care, and half her time treating outpatient older adults in the Mental Health Clinic. She also serves as Co-Chair of the Disruptive Behavior Committee. Previously, she worked as a full-time Psychologist in the Pain Clinic at the DC VA from 2017 to 2019. She received her doctoral degree from West Virginia University in 2014. She completed her internship in Geropsychology at the Boston Consortium in Clinical Psychology and a post-doctoral fellowship in Geropsychology at VA Boston Healthcare System. In 2015, Dr. Gerolimos was selected for the American Psychological Association/American Association for the Advancement of Science Congressional Fellows Program, where she spent a year working in the office of U.S. Senator Kirsten Gillibrand. Dr. Gerolimos is a licensed Clinical Psychologist in the State of Maryland.

**Scott Levson, PsyD:** Dr. Levson is a staff rehabilitation psychologist embedded in the Polytrauma team. He obtained his PsyD in Clinical Psychology from Chestnut Hill College. Dr. Levson provides individual and group psychotherapy to Veterans who have experienced brain injuries and/or related traumas. He also enjoys teaching and has held adjunct faculty appointments at Chestnut Hill College. Dr. Levson is certified in CPT for PTSD and integrates psychodynamic theories with DBT and ACT into his clinical work.

### **Other Program Contributors**

**Stephanie Guedj, PsyD:** Dr. Guedj is a staff psychologist in the Trauma Services Program (TSP) Team with Prince George's (PG) County VA Clinic, Washington DC VAMC and also serves as the Acting LGBTQ+ Veterans Care Co-Coordinator at the DC VAMC. She previously served as a staff psychologist in Primary Care Mental Health Integration (PCMHI) at a Community-Based Outpatient Clinic (CBOC) in Jacksonville, FL, and as a health psychologist at the Washington DC VAMC. One aspect of her role as a health psychologist included conducting comprehensive mental health evaluations for surgical/medical procedures. Dr. Guedj likes to draw on her interests in acceptance- and values-based work in her approach to therapy as well as supervision. She obtained a doctoral degree in clinical psychology from Nova Southeastern University.

**Leah Squires, PhD:** Dr. Squires is currently Chief of Psychology at the Washington DC VA Medical Center. She is thus responsible for the oversight of the professional practice of psychology at the Washington DC VAMC and supervises all psychologists in the Department of Psychology. Within the Department of Veterans Affairs, the Chief, Psychology service is ultimately responsible for all psychology training programs, including the Clinical Neuropsychology Postdoctoral Fellowship. Previously, Dr. Squires served as Director of Psychology Training Programs and prior to that, she was the National Coordinator of the Liver/HIV Psychology Postdoctoral Training Program administered by the VA office of HIV, Hepatitis and

Related Conditions. She has also served as the psychologist within the Infectious Diseases Clinic and has been actively involved in training as a supervisor, training coordinator and training committee member at the DCVAMC.

## **Appendix A: Rights & Responsibilities**

### **Overview & Purpose**

The Postdoctoral Fellowship in Clinical Neuropsychology at the Washington DC VAMC is committed to facilitating learning and professional growth for trainees while ensuring safe and appropriate care for Veterans. The training staff places a high premium on creating a work environment that is professionally stimulating, open to change, and sufficiently flexible to accommodate individual needs and requirements. The purpose of this document is to delineate several of the processes our program uses to ensure that we meet these aims in a manner that is consistent with the practice of the Veterans Health Administration (VHA), Association of Psychology Postdoctoral and Internship Centers (APPIC), and the American Psychological Association (APA). This document outlines the rights and responsibilities of trainees and of the training program. The procedures outlined in this document are congruent with policies described in the following VHA Directives and Handbooks: VHA Directive 1400: Office of Academic Affiliations; VHA Handbook 1400.08: Education of Associated Health Professions; VHA Handbook 1400.04: Supervision of Health Professions Trainees.

### **Definitions**

Trainees – In this document, “trainees” refers to Postdoctoral Fellows in Clinical Neuropsychology.

Supervision – Supervision is an educational experience provided by a qualified supervising practitioner with a trainee. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the trainee while monitoring the quality of services delivered (see VHA Handbook 1400.04).

### **Roles and Responsibilities**

The Postdoctoral Fellowship in Clinical Neuropsychology is embedded within a larger medical center that houses multiple training programs across various disciplines. Below are some of the local roles and responsibilities that pertain to the Postdoctoral Fellowship in Clinical Neuropsychology. Additional roles and responsibilities are described in VHA Handbook 1400.08, section 5.

1. Medical Facility Director: The Medical Facility Director is responsible for establishing local policy to fulfill requirements of this Handbook and of accrediting and certifying bodies, appointing the Designated Education Officer (or another appropriate individual such as the facility Chief of Staff), ensuring that a local monitoring process exists for trainee supervision, and reviewing data on trainee supervision, and oversight responsibility for implementation of any education policies.
2. Chief of Staff: The facility Chief of Staff is responsible for the quality of care provided by supervising practitioners and trainees.
3. Designated Education Officer: The Designated Education Officer (DEO) (often with the position title of Associate Chief of Staff for Education, or ACOS/E) has direct oversight responsibility for all clinical training at each VA health care facility with training programs. The DEO assists the Chief of Staff in assessing the quality of training programs and the quality of care provided by

supervising practitioners and trainees. The DEO ensures that a facility supervision policy is in place.

4. Chief, Psychology Service: The Service Chief or Discipline Lead is responsible for the clinical training program and the relationship of the VA training program to affiliated academic programs. Service Chiefs or Discipline Leads may delegate authority to section chiefs, team leaders, training coordinators, training program directors, or other subordinates.
5. Director of Neuropsychology Training (DNT): The DNT has responsibility for administering the VA-sponsored Postdoctoral Fellowship in Clinical Neuropsychology and for ensuring that the program complies with standards of accrediting and certifying bodies. The DNT:
  - a. Structures the training program consistent with requirements of the accrediting and certifying bodies.
    - i. Ensures that all trainees participate in an orientation to VA policies, procedures, and roles within the VA health care system. The Office of Academic Affiliations (OAA) has the authority to establish appropriate mandatory training modules for paid and WOC associated health trainees. The DNT ensures that trainees complete the OAA-required training modules. Trainees are not required to complete employee orientation training.
    - ii. Assigns graduated levels of responsibilities for individual trainees and ensures that trainees function within their assigned levels of responsibility.
    - iii. Ensures that supervising practitioners provide quality supervision to trainees.
    - iv. Ensures that trainees have opportunity to give feedback regarding supervising practitioners, the DNT, the training program, and the VA health care facility.
  - b. Guides actions regarding trainee related problems.
  - c. Monitors the provision and documentation of supervision at the VA health care facility.
6. Supervising Practitioner: The supervising practitioner is the individual responsible for directly supervising the activities of the trainee. The supervising practitioner is generally of the same discipline or specialty in which the trainee is being educated. Supervising practitioners provide Veteran care and trainee supervision only for clinical activities they are qualified and approved to perform. In some training settings, health care professionals from another discipline, with documented qualifications, may function as supervising practitioners for selected training experiences. The role of the supervising practitioner differs from the defined role of a “supervisor” of VA employees defined by Human Resource policy. In the remainder of this document, the term “supervisor” will be used synonymously with “supervising practitioner” relative to clinical training and does not imply supervision of VA employees. Supervising practitioners are responsible for all trainee activities occurring under their supervision as delineated in Handbook 1400.04: Supervision of Health Professions Trainees.

### **Trainee Responsibilities**

1. The responsibilities to read, understand, and clarify, if necessary, the statement of rights and responsibilities. It is expected that these responsibilities will be exercised.

2. The responsibility to maintain behavior in accordance with the ethical guidelines of the American Psychological Association (<https://www.apa.org/ethics/code/>).
3. The responsibility to behave within the regulations of the federal government and the Department of Veterans Affairs as set forth in training workshops and memoranda that are issued during the year.
4. The responsibility to be open to professionally appropriate feedback from supervisors, professional staff, and agency personnel.
5. The responsibility to behave in a manner that promotes positive multidisciplinary relations and interactions and is in accordance with the standards and expectations of the VA and the Mental Health Service.
6. The responsibility to give constructive feedback that evaluates the training experience or other experiences in the VA.
7. The responsibility to conduct oneself in a professionally appropriate manner if due process is initiated.
8. The responsibility to actively participate in the training, clinical services, and overall activities of the Mental Health Service.
9. The responsibility to meet training expectations by developing competency in the eight foundational competencies and the seven functional competencies for the specialty practice of clinical neuropsychology as outlined by the Council for Specialties in Professional Psychology (CoSPP).

### **Trainee Rights**

1. The right to this statement of rights and responsibilities upon entry into the training year, including a statement of expectations and goals for trainees.
2. The right to be trained by professionals who behave in accordance with the ethical guidelines of the American Psychological Association (<https://www.apa.org/ethics/code/>).
3. The right to be treated with professional respect, that recognizes the training and experience the trainee brings with them.
4. The right to ongoing evaluation that is specific, respectful, and pertinent.
5. The right to engage in an ongoing evaluation of the training program experience.
6. The right to initiate an informal resolution of problems that might arise in the training experience (supervision, assignments, evaluations, etc.) through discussion or written request to the staff member concerned and/or the Director of Neuropsychology Training, Director of Neuropsychology, or Chief, Psychology Service.
7. The right to due process and appeal to deal with problems after informal resolution has failed or to determine when rights have been infringed upon.
8. The right to respect for one's personal privacy.
9. The right to request assistance and/or consultation outside of the program. Resources for outside consultation include:

### **VA Office of Resolution Management (ORM)**

Department of Veterans Affairs  
Office of Resolution Management (08)  
810 Vermont Avenue, NW

Washington, DC 20420  
1-202-501-2800 or Toll Free 1-888- 737-3361  
<http://www4.va.gov/orm/>

This department within the VA has responsibility for providing a variety of services and programs to prevent, resolve, and process workplace disputes in a timely and high-quality manner. ORM has been designated as the lead organization for workplace alternative dispute resolution (ADR) within VA. This form of mediation is available to all VA employees and does not decide who is right or wrong but rather assists the persons involved create their own unique solution to their problem. VA mediators are fellow VA employees who have voluntarily agreed to mediate workplace disputes and are specially trained and skilled in mediation techniques and conflict resolution.

**Association of Psychology Postdoctoral and Internship Centers (APPIC)**

APPIC has established both an [Informal Problem Consultation](http://appic.org/Problem-Consultation) process and a [Formal Complaint](#) process in order to address issues and concerns that may arise during the training year:

<http://appic.org/Problem-Consultation>

Informal Problem Consultation (IPC): Jason Williams, Psy.D., Chair, APPIC Board of Directors, (720) 777-8108.

Formal Complaints: Elihu Turkel, Ph.D., Chair, APPIC Standards and Review Committee, [turkel@lij.edu](mailto:turkel@lij.edu)

**APA Office of Program Consultation and Accreditation:**

750 First Street, NE  
Washington, DC 20002-4242  
(202) 336-5979  
<http://www.apa.org/ed/accreditation>

## **Appendix B: Fellow Competency Expectations**

The Postdoctoral Fellowship in Clinical Neuropsychology at the DC VAMC contributes to the development of advanced competencies in the required Level 1 areas of (1) integration of science and practice; (2) individual and cultural diversity; and (3) ethical and legal issues. In addition, our program provides training in the eight foundational competencies (scientific knowledge and methods; evidence-based practice; individual and cultural diversity; ethical, legal standards and policy; professional identity; reflective practice, self-assessment and self-care; relationships; and interdisciplinary systems) and the seven functional competencies (assessment, intervention, consultation, research/evaluation, teaching/supervision, management/administration, and advocacy) pertaining to the specialty practice of clinical neuropsychology (i.e., the required Level 3 competencies). The Fellow Competency Evaluation form evaluates these competencies at four time points throughout the course of the two-year training experience (i.e., 6 months, 12 months, 18 months, 24 months). As detailed on the evaluation form, each period has a different benchmark:

- **Competency Goal for evaluations done at 24 months:** 100% of items in competency areas will be rated at a 5 or higher.
- **Competency Goal for evaluations done at 18 months:** At least 70% of items in competency areas will be rated at a 5 or higher. No items in competency areas will be rated as a 1.
- **Competency Goal for evaluations done at 12 months:** At least 100% of items in competency areas will be rated at a 4 or higher. No items in competency areas will be rated as a 1.
- **Competency Goal for evaluations done at 6 months:** At least 70% of items in competency areas will be rated at a 4 or higher. No items in competency areas will be rated as a 1.

### **Evaluation of Fellow Performance**

One-to-one supervisory sessions lay the groundwork for fellow evaluations. This affords opportunities for fellows to receive and incorporate feedback from their supervisors most rapidly into their practice. It is expected that supervisors will address performance that requires remediation as it arises, rather than waiting for the formal evaluation (clarification of what constitutes problematic performance and processes of remediation are described in Appendix C). Formal evaluation occurs at 4 time points (i.e., every 6 months). Within two weeks of the end of the rating period, time is arranged for written performance evaluations to be discussed by fellow and supervisor. The supervisor prepares their written evaluations (using the Fellow Competency Evaluation form) in advance of this meeting. The process is designed to provide the fellow with evaluative feedback and suggestions and recommendations for improvement. Perceptual and/or factual differences between the supervisor's evaluation and the fellow's self-evaluation are expected to be resolved during this evaluation meeting. The supervisor and fellow can negotiate changes in the evaluation and may append comments to the written feedback. If there is no indicated need for remediation, both the supervisor and the fellow sign the evaluation indicating that both parties have reviewed it. The supervisor will provide a copy of their evaluations to the Director of Neuropsychology Training (DNT). The DNT and supervisors review the progress of each trainee at their monthly meetings. The Chief, Psychology Service may review these evaluations.

If the supervisor and fellow are unable to resolve differences during the initial feedback meeting, the DNT will be notified. The DNT will meet with the supervisor and fellow to discuss the matter and work



towards resolution. Should this be unsuccessful, the matter may be brought before the Director of Neuropsychology and the Chief, Psychology Service.

### **Fellow Evaluation of Their Training Experience**

Fellows evaluate their training experience, their supervisors, and the Director of Neuropsychology Training at the end of each training year via the Fellow Evaluation of Training Program, Fellow Evaluation of Supervisor, and Fellow Evaluation of Neuropsychology Training evaluation forms. These evaluations are turned in to the DNT for review. The DNT will use discretion with regards to provision of feedback to supervisors. Generally, summative feedback is provided on an annual basis. In the occasion that an imminent concern arises regarding a supervisor, the DNT will work to address the concern first with the supervisor. The DNT may consult with the Director of Neuropsychology and/or the Chief, Psychology Service regarding how best to address concerns in a manner that prioritizes preservation of the integrity of the training programs.

Once evaluations are complete, the DNT meets with the fellow to review the fellow's competency assessment form as well as to collect and discuss the fellow's feedback on their experience in the program thus far. It may be in the context of this meeting that the DNT and fellow may arrange for a modification of the fellow's training plan to address their training needs and/or the needs of the training program.

## **Appendix C: Due Process and Grievance Procedures**

### **Purpose**

This section provides a discussion of due process and grievance procedures regarding both serious competency issues and/or problematic performance, considerations in the remediation of problems, and a listing of sanctions.

### **Definitions**

Problematic performance – Problematic performance is defined as an interference in professional functioning that renders the trainee: unable and/or unwilling to acquire and integrate professional standards into their repertoire of professional behavior; unable to acquire professional skills that reach an acceptable level of competency; or unable to effectively respond to personal stress which leads to dysfunctional emotional reactions and behaviors that disrupt professional functioning. More specifically behaviors typically become identified as problematic when they include one or more of the following characteristics (as defined by the VA Office of Academic Affiliations):

1. The trainee does not acknowledge, understand, or address the problem when it is identified.
2. The problem is not merely a reflection of a skill deficit, which can be rectified by academic or didactic training.
3. The quality of services delivered by the trainee is significantly negatively affected.
4. The problem is not restricted to one area of professional functioning.
5. A disproportionate amount of attention by training personnel is required.
6. The trainee's behavior does not change as a function of feedback, remediation efforts, and/or time.

Some examples of problematic performance include:

- Engaging in dual role relationships
- Violating patient confidentiality
- Treating patients, peers, and/or supervisors in a disrespectful or unprofessional manner
- Failure to identify and report patient high risk behaviors
- Failure to respect appropriate boundaries
- Repeated tardiness
- Unauthorized absences
- Failure to complete written work in accordance with supervisor or program

- guidelines
- Giving one's work to others to complete
- Plagiarizing the work of others

*Please note this list is not exhaustive.*

## **Procedures for Due Process**

### **General Guidelines to Due Process**

The training program follows due process guidelines to ensure that decisions about trainees are not arbitrary or personally based. The program has appeal procedures that permit any trainee to challenge program decisions. The due process guidelines include the following:

1. **Staff expectations** communicated to trainees via the training program's website ([https://www.washingtondc.va.gov/departments/psychology\\_training\\_programs.asp](https://www.washingtondc.va.gov/departments/psychology_training_programs.asp)) and the training handbook, as well as through discussions in trainee orientation, regular professional development meetings, initial and ongoing supervision by clinical supervisors, and regular meetings with the DNT.
2. **Evaluation procedures** clarified for trainees (see Appendix B: Fellow Competency Expectations).
3. **Due process procedures for problematic performance & grievance procedures** delineated in this document shared in hard copy form with trainees and the content presented in an in-person meeting at the beginning of the training year. These procedures will be presented in stepwise form, both in terms of how trainees are informed and what actions the Psychology Service takes when there is an ongoing difficulty.
4. **Remediation plans** instituted for identified problems, which include time frames for remediation and specific consequences for failure to rectify the problem.
5. **Sufficient time** given to trainees to respond to any action taken by the program.
6. Input from multiple professional sources utilized to make decisions or issue recommendations regarding the trainee's performance.
7. **Documentation** of training program actions and their rationale issued to all relevant parties.

### **Informal Staff or Trainee Complaints or Grievance Process**

Supervisory staff and/or trainees are encouraged to seek informal redress of minor grievances or complaints directly with the other party, or by using the DNT as a go-between. Such informal efforts at resolution may involve the Director of Neuropsychology or the Chief, Psychology Service. Failure to resolve issues in this manner may eventuate in a formal performance or behavior complaint or trainee grievance, following the procedures outlined below. Should the matter be unresolved and become a formal issue, the trainee is encouraged to utilize a mentor, or in the case of conflict of interest, another senior psychologist, as a consultant on matriculating the formal process.

### **Formal Procedures for Responding to Problematic Trainee Performance or Behavior**

When supervisor(s) identify that a trainee is exhibiting problematic performance or behavior, as evidenced by failure to achieve expected competency during a rating period or other problematic

performance as defined above, the DNT and other relevant supervisory staff initiates the following procedures:

1. The negative evaluation(s), other written documentation, or verbal statements of problematic performance will be reviewed, and a determination made as to what action needs to be taken to address the problems identified.
2. The trainee will be notified in writing that such a review is occurring and that the Neuropsychology Training Committee is ready to receive any information or statement that the trainee wishes to provide with reference to the identified problems.
3. After reviewing all available information, the Neuropsychology Training Committee may adopt one or more of the following steps, or take other appropriate action:
  - a. The Neuropsychology Training Committee may elect to take no further action.
  - b. The Neuropsychology Training Committee may issue an Acknowledgement Notice which states the following in writing:
    - i. The Neuropsychology Training Committee is aware of and concerned about the negative evaluation/other problematic performance.
    - ii. The evaluation has been brought to the trainee's attention, and the committee or other supervisors will work with the trainee to rectify the problem within a specified time frame.
    - iii. The behaviors associated with the negative evaluation are not significant enough to warrant more serious action at the time.
  - c. Alternatively, depending upon the gravity of the matter at hand, the Neuropsychology Training Committee may issue a Probation Notice which specifies that the committee, through the supervisors and DNT, will actively and systematically monitor for a specific length of time, the degree to which the trainee addresses, changes, and/or otherwise improves the problem performance or behaviors. The Probation Notice is a written statement to the trainee that includes the following items:
    - i. A description of the problematic performance/behavior.
    - ii. Specific recommendations for rectifying the problems.
    - iii. A time frame for the probation during which the problem is expected to be ameliorated.
    - iv. Procedures to assess concurrently whether the problem has been appropriately rectified.
  - d. Where the Neuropsychology Training Committee deems that remedial action is required, the identified problematic performance or behavior must be systematically addressed. Possible remedial steps include (but are not limited to) the following:
    - i. Increased supervision, either with the same or other supervisors.
    - ii. Change in the format, emphasis, and/or focus of supervision.

- iii. A recommendation and/or requirement that personal therapy is undertaken with a clear statement about the issues which such therapy should address.
  - iv. Recommendations of a leave of absence with time to be made up at no cost to the government.
- e. Following the delivery of an Acknowledgement Notice or Probation Notice, the DNT meets with the trainee to review the required remedial steps. The trainee may elect to accept the conditions or may grieve the Neuropsychology Training Committee's actions as outlined below.
- f. Once the Neuropsychology Training Committee has issued an Acknowledgement Notice, the problem's status will be reviewed within three months' time, or the next formal evaluation, whichever comes first. In the case of a Probation Notice, the problem's status will be reviewed within the time frame set by the notice.

### **Failure to Correct Problems**

When a combination of interventions does not rectify the problematic performance/behavior within a reasonable period of time, or when the trainee seems unable or unwilling to alter their performance/behavior, the Neuropsychology Training Committee may need to take further formal action. If a trainee on probation has not improved sufficiently to rectify the problems under the conditions stipulated by the Probation Notice, the Neuropsychology Training Committee will conduct a formal review and then inform the trainee in writing that the conditions for revoking the probation have not been met. The committee may then elect to take any of the following steps, or other appropriate action:

1. It may continue the probation for a specified period of time.
2. It may suspend the trainee for a limited time from engaging in certain professional activities until there is evidence that the problematic performance/behavior in question has been rectified. Suspensions beyond the specified period of time may result in termination or failure to graduate.
3. Depending upon the gravity of the issue, it may inform the trainee and the Chief, Psychology Service that the trainee will not successfully complete the training program if their problematic performance/behavior does not change. If by the end of the training period (i.e., 2 years) the trainee has not successfully completed the training requirements, the Neuropsychology Training Committee may recommend that the trainee not be graduated. The trainee will then be informed that she/he has not successfully completed the traineeship.
4. It may inform the trainee that the Neuropsychology Training Committee is recommending to the Chief, Psychology Service that the trainee be terminated immediately from the training program, and the Chief, Psychology Service moves to terminate the trainee from the program.
5. When the Neuropsychology Training Committee's deliberations lead to the conclusion that a trainee is not suited for a career in professional clinical practice, the committee may recommend a career shift for the trainee and withhold endorsement for professional practice should the trainee later seek licensing in any jurisdiction.

### **Termination**

Termination is a policy of last resort and would only be invoked under extraordinary circumstances, such as not meeting a number of performance standards or not meeting a critical performance standard such as ethical behavior. Termination would only be considered when all reasonable measures have been taken to remediate the situation, the trainee's due process rights have been observed, and the trainee has had the opportunity to use all of their rights to grieve the pending action.

When the Neuropsychology Training Committee's deliberations lead to the conclusion that a trainee is not suited for a career in professional clinical practice, the committee may recommend and assist in implementing a career shift for the trainee.

All of the above steps will be appropriately documented and implemented in ways that are consistent with due process, including opportunities for trainees to initiate grievance proceedings to challenge Training Committee decisions.

## **Trainee Grievance Procedures**

### **Protecting the Rights of Trainees**

A trainee may grieve any action by a staff member or Neuropsychology Training Committee. The action may be a poor performance evaluation or any form of improper behavior or harassment. The informal procedure for this grievance is discussion. Trainees should first discuss the matter with their supervisor. If the grievance cannot be resolved at this level, then the ascending order of resources available to the trainee would be the Director of Neuropsychology (DNT); Chief, Psychology Service; Associate Chief of Staff (ACOS) for Mental Health; Associate Chief of Staff (ACOS) for Education. If these steps fail, the formal grievance procedure could be implemented.

### **Trainee Grievance Procedures**

Trainees who receive an Acknowledgement Notice or Probation Notice, or who otherwise wish to file formal grievance with the program may do so via written notification to the DNT. Grievances stemming from an Acknowledgement Notice or Probation Notice must be filed within five working days of receipt of the Neuropsychology Training Committee's notice or other decision. The trainee must inform the DNT in writing that she/he is challenging the committee's action. The trainee then has five additional days to provide the DNT with information as to why the trainee believes the Training Committee's action is unwarranted. Failure to provide such information will constitute a withdrawal of the challenge. Following receipt of the trainee's challenge, the following actions will be taken. These due process procedures are not intended to prevent a trainee from pursuing a grievance under any other mechanisms available to VA employees, or under the mechanisms of any relevant professional organization, including APA or APPIC. Trainees are also advised that they may pursue any complaint regarding unethical or unlawful conduct on the part of a staff psychologist with his or her licensing board. Information regarding these resources is available in a later section.

1. The DNT will convene a review panel consisting of the DNT, two staff members selected by the DNT, and two staff members selected by the trainee. The trainee retains the right to hear all facts and the opportunity to dispute or explain her/his behavior.

2. The DNT will conduct and chair a review hearing in which the trainee's challenge is heard and the evidence presented. The review panel's decisions will be made by majority vote. Within 10 days of completion of the review hearing, the review panel will prepare a report on its decisions and recommendations and will inform the trainee of its decisions. The review panel will also submit its report to the Chief, Psychology Service.
3. Once the review panel has informed the trainee and submitted its report, the trainee has five working days within which to seek a further review of their grievance by submitting a written request to the Chief, Psychology Service. The trainee's request must contain brief explanations of the grievance and of the desired settlement she/he is seeking, and it must also specify which policies, rules, or regulations have been violated, misinterpreted, or misapplied.
4. The Chief, Psychology Service will then conduct a review of all documents submitted and render a written decision. She/he will render a decision within 15 working days of receipt of the review panel's report, and within 10 working days of receipt of a trainee's request for further review, if such request was submitted. The Chief, Psychology Service may either accept the review panel's action, reject the review panel's action and provide an alternative, or refer the matter back to the review panel for further deliberation. The panel will report back to the Chief, Psychology Service, within 10 working days of the request for further deliberation. The Chief, Psychology Service will then make a final decision regarding actions to be taken.
5. If the Chief's final decision does not resolve the trainee's written request for further review to her/his satisfaction, the trainee has three working days within which to appeal in writing to the ACOS for Mental Health Service. The ACOS for Mental Health shall conduct a review of the grievance and render a written decision within 15 working days of receipt of the trainee's request. The ACOS for Mental Health shall fashion whatever remedy she/he deems appropriate and that decision shall be final and binding.
6. Once a final and binding decision has been made, the trainee and other appropriate individuals will be informed in writing of the action taken.

### **Staff Allegation of Illegal, Unethical or Professionally Inappropriate Behavior by a Trainee**

#### **Reported by Staff**

Any staff member of the Washington DC VA Medical Center may file a written grievance against a trainee for the following reasons: (a) unethical or legal violations of professional standard or laws; (b) failures to satisfy professional obligations and thereby violate the rights, privileges, or responsibilities of others. In fact, **staff has the responsibility to report in writing to the DNT illegal, unethical, or professionally inappropriate conduct by a trainee.**

1. The DNT will review the grievance with other members of the Neuropsychology Training Committee and determine what action is required to further investigate the grievance.
2. Infractions of a very minor nature may be dealt with among the DNT, the supervisor, and the trainee. A written record of the complaint and the action taken become a temporary part of the trainee's file until the matter is set to rest by the DNT. In no instance will any record of such a minor infraction be maintained in our records beyond the end of the training year. A record would be maintained if there were a series of multiple minor infractions.

3. If the DNT and other Training Committee members determine that the alleged behavior cited in the complaint, if proven, would not constitute a serious violation, the DNT shall inform the staff member, who may be allowed to renew the complaint if additional information is provided.
4. When a decision has been made by the DNT and other Training Committee members that there is probable cause for deliberation by a review panel, the DNT shall notify the staff member and request permission to inform the trainee. The staff member shall have five days to respond to the request and shall be informed that failure to grant permission may preclude further action. If no response is received within five days, or permission to inform the trainee is denied, the DNT and the other Training Committee members shall decide whether to proceed with the matter.
5. If the trainee is informed of the complaint, a review panel is convened consisting of the DNT, two staff members selected by the DNT, and two staff members selected by the trainee. The review panel receives any relevant information from both the trainee and complainant that bears on its deliberations.
6. The review panel, chaired by the DNT, will hold a review hearing in which the complaint is heard and evidence presented. Within 10 days of completing the review hearing, the review panel shall communicate its recommendation to the trainee and to the Chief, Psychology Service.
7. Once the review panel has communicated its recommendation to the trainee and to the Chief, Psychology Service, the trainee has five working days within which to submit a written request for further review to the Chief, Psychology Service. The request should include relevant information, explanations, and viewpoints that may challenge, refute, or otherwise call for modification of the review panel's decisions and recommendations. The request should also specify policies, rules, or regulations that may have been violated, misinterpreted, or misapplied.
8. The Chief, Psychology Service will then conduct a review of all documents submitted and render a written decision. She/he will render a decision within 15 working days of receipt of the review panel's report, and within 10 working days of receipt of a trainee's request for further review if such request was submitted. The Chief, Psychology Service may accept the review panel's action, reject the review panel's action and provide an alternative, or refer the matter back to the review panel for further deliberation. The panel will report back to the Chief, Psychology Service within 10 working days of the request for further deliberation. The Chief, Psychology Service will then make a final decision regarding actions to be taken.
9. Once a final and binding decision has been made, the trainee and other appropriate individuals will be informed in writing of the action taken.

### **Reported by Trainees**

Trainees witnessing or becoming aware of incidents of patient abuse will inform their supervisor who will assist them in filing the required incident report and in following the procedures outlined in VAMC memoranda.

### **Storage of Trainee Grievance Documents**

The Committee on Accreditation of the American Psychological Association requires that "each program will be responsible for keeping information and records of all formal complaints and grievances against



the program, of which it is aware, filed against the program and/or against individuals associated with the program since its last accreditation site visit. The Committee on Accreditation will examine programs' record of student complaints as part of its periodic review of programs (site visit). Thus, if you file a general complaint against the program or a staff member, we are obligated to keep it in our records and report it to APA. All documentation of active grievances and all documentation of resolved grievances will be stored in a locked filing cabinet in the office of the DNT and in the office of the Chief of Psychology Service.

## **Institutional Policies the Program Is Required To Meet**

### **Equal Employment Opportunity (EEO)**

The medical center has an Equal Employment Opportunity (EEO) policy, committee, and counselors to handle EEO complaints. The EEO policy protects all employees in the medical center, as well as trainees, from discrimination based on race, color, religion, sex, national origin, age, handicap, or reprisal for prior EEO activity. If a trainee believes that She/he has been subject to discrimination on any of these factors, she/he may contact an EEO counselor in the medical center. The names, pictures, and extensions of the EEO counselors are posted in the hallways of the medical center.

The medical center has a policy memorandum on EEO mediation that can be retrieved from the medical center's website at:

<https://vaww.visn5.portal.va.gov/sites/WAS/policies/Office%20of%20Diversity%20and%20Inclusion/00-24%20Alternate%20Dispute%20Reolution-EEO%20Mediation%20Program.PDF>

The Department of Veterans Affairs has a formal grievance procedure, separate from the EEO complaint process, "to correct the causes of employment related dissatisfactions" (MP-5, Part 1, Chapter 771). Each trainee can consult with the Human Resource Department of the medical center if they believe a legitimate grievance exists.

### **Sexual Harassment**

Each person is entitled, by law, to function in the work environment free from unwelcome sexual behavior. The medical center has a policy memorandum on sexual harassment that can be retrieved from the medical center's website at:

<https://vaww.visn5.portal.va.gov/sites/WAS/policies/Office%20of%20Diversity%20and%20Inclusion/00-35%20Prevention%20of%20Sexual%20Harrassment.PDF>.

This policy is also posted in multiple locations around the Medical Center. If such behavior occurs, and support is needed, or to discuss or report an incident or concern, trainees are encouraged to speak with supervisors, the DNT, the VA Police Service and/or the Chief, Psychology Service as needed. A report should also be made to the Medical Center's Disruptive Behavior Committee. Supervisors and psychology staff are available to support trainees with making reports. It is important that such a situation not continue. Even if a trainee is unsure whether harassment is taking place, they should consult with a staff member with whom they feel comfortable. Beyond consulting with a staff person in the Mental Health Service, the staff of the EEO Office in this medical center are available. It is not necessary to make, or consider making, a formal complaint in order to receive their help.